



AMENDMENT

Application #	09/647,780
Confirmation #	3825
Filing Date	5 October 2000
First Inventor	OUI MET et al.
Art Unit	1652
Examiner	Walicka
Docket #	P06910US00/BAS

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

S I R:

In response to the Office Action dated February 24, 2004:

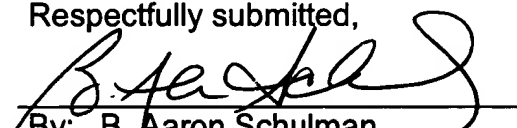
- A) please consider the responsive **Remarks** provided herewith in **Attachment A**; and
B) please amend the above identified application as follows:

- **Amendments to the Claims** are reflected in the listing of the claims provided herewith in **Attachment B**.

In view of the amendments made and the remarks provided, it is submitted that the present application is in condition for allowance.

Respectfully submitted,

Date: 24 May 2004


By: B. Aaron Schulman
Registration No.: 31,877

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AF-IFW

Customized PTO/SB/21 (04-04)

TRANSMITTAL FORM (for all correspondence after initial filing)	Application #	09/647,780
	Confirmation #	3825
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	First Inventor	OUI MET et al.
	Art Unit	1652
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Total number of pages in this submission =	Docket #	P06910US00/BAS

ENCLOSURES (check all that apply)	
<input checked="" type="checkbox"/> Fees calculated below <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> including Attachment(s) <input type="checkbox"/> After Final Amendment/Reply <input type="checkbox"/> including Attachment(s) <input type="checkbox"/> Extension of Time Petition <input type="checkbox"/>	<input type="checkbox"/> Response to Missing Parts/Incomplete Appl. <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> <input type="checkbox"/>

FEES CALCULATION: For claims if required and/or other fees as shown below:					
	NOW	Previously Paid For	Present Extra	Rate	\$
..... TOTAL CLAIMS	13	20	0	X \$ 18 =	
..... INDEP. CLAIMS	3	3	0	X \$ 86 =	
TOTAL OF ABOVE CLAIMS FEES =					
..... Reduction by 1/2 for small entity status of applicant					
SUBTOTAL =					
..... Fee for extension of time (per attached Petition)					
..... Other fee for					
TOTAL OF ALL FEES =					-0-

- ☒ A CREDIT CARD PAYMENT FORM (PTO-2038) in the amount of \$ -0- is enclosed. If no payment or an insufficient payment is enclosed and a fee is due in connection herewith, the Commissioner is authorized to charge any fee or additional fee due in connection herewith to Deposit Account No. 12-0555.
- ☒ In the event that a petition for extension of time is required to be submitted herewith and that a separate petition is not submitted herewith, applicant hereby petitions under 37 CFR 1.136(a) for an extension of time of as many months as are required to render this submission timely. Any fee is authorized above.

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